	CAMPC	PERIODS							
(SCOUTMASTER MUST SIGN CARD) SCOUTMASTER APPROVAL	CAMPS	lst	2nd	3rd	4th				
	CAMP BEARD			-4		NOTE:			
	CAMP BLACKHAWK					It is understood units			
	CAMP STUART				7	register for Owasippe or Kiwanis, not for a par-			
	CAMP WEST				5. 7	ticular camp. Reasonable notice will be given			
	WILDERNESS CAMP					should a transfer of sites be necessary. The Camp reserves the right to switch Troops from one Camp to another.			
	HIAWATHA BEACH								
	WHITE RIVER CAMP				22-				
	CAMP PIONEER								
	CAMP KIWANIS	1	2	3	4	5 6 7 8			
. 23 (5M 5-4	19 LD)					(PARENTS-READ REVERSE S			
	AGO COUNCIL SCOUTS OF AMERICA		scou			ON FOR SU. ER CAMP			
Scout_					Ran	k Troop No			

**PERIODS CAMPS** 2nd 4th CAMP BEARD NOTE: CAMP BLACKHAWK It is understood units register for Owasippe or CAMP STUART Kiwanis, not for a particular camp. Reasonable notice will be given CAMP WEST should a transfer of sites WILDERNESS CAMP be necessary. The Camp reserves the right to HIAWATHA BEACH switch Troops from one Camp to another. WHITE RIVER CAMP **CAMP PIONEER CAMP KIWANIS** 

P. O. Zone No.\_\_\_Phone No.\_

F. 23 (5M 5-49 LD)

SCOUTMASTER APPROVAL

(SCOUTMASTER MUST SIGN CARD)

Address

(PARENTS-READ REVERSE SIDE)

AND PERIOD CHECKED BELOW

Rank\_\_\_\_ Troop No.\_

SCOUT APPLICATION FOR SU

P. O. Zone No.\_\_\_Phone No.\_

## CONDITIONS OF CAMP ATTENDANCE

### HEALTH AND MEDICAL CARE

Every Scout MUST have a health examination within a period of THREE DAYS prior to leaving for camp. The health of the campers is protected by the medical staff of the camps. Minor ailments are cared for in the Camp Health Lodge without extra cost. If, in the judgment of the camp, it is desirable to send a boy to a nearby hospital for diagnosis or treatment, the camp reserves the right to send him there, the parents or guardian assuming full responsibility, including payment of costs. Whenever it is possible to do so, parents will be notified before such action is taken. This precaution is taken as an additional measure for the protecton and health of campers.

#### FEES AND REFUNDS

THE RESERVATION FEE WILL NOT BE REFUNDED. Since a place is reserved for every applicant, and the camp management makes preparation on this basis. REFUND OF BOARD FEES CANNOT BE MADE unless notice is given in writing at least one month in advance of the beginning of period reserved. Nor shall a rebate be made for unused portion of transportation. All refund requests must be made in writing to the Camping Committee of the Chicago Council.

The Camping Committee reserves the right to adjust the camp fees in case of some unforeseen condition, although it is not anticipated that this will be necessary.

#### PARENT'S APPROVAL

The undersigned approves this application with the conditions stated above and on the reverse side.

	Signature of Parent or Guardian	
Summer Address	Home Phone	

# CONDITIONS OF CAMP ATTENDANCE

## HEALTH AND MEDICAL CARE

Every Scout MUST have a health examination within a period of THREE DAYS prior to leaving for camp. The health of the campers is protected by the medical staff of the camps. Minor ailments are cared for in the Camp Health Lodge without extra cost. If, in the judgment of the camp, it is desirable to send a boy to a nearby hospital for diagnosis or treatment, the camp reserves the right to send him there, the parents or guardian assuming full responsibility, including payment of costs. Whenever it is possible to do so, parents will be notified before such action is taken. This precaution is taken as an additional measure for the protecton and health of campers.

## FEES AND REFUNDS

THE RESERVATION FEE WILL NOT BE REFUNDED. Since a place is reserved for every applicant, and the camp management makes preparation on this basis. REFUND OF BOARD FEES CANNOT BE MADE unless notice is given in writing at least one month in advance of the beginning of period reserved. Nor shall a rebate be made for unused portion of transportation. All refund requests must be made in writing to the Camping Committee of the Chicago Council.

The Camping Committee reserves the right to adjust the camp fees in case of some unforeseen condition, although it is not anticipated that this will be necessary.

## PARENT'S APPROVAL

The undersigned approves this application with the conditions stated above and on the reverse side.

*	Signature of Parent or Guardian		
	그리고 하다는 얼마나 있어요? 등이 5명 전에서로 했다.		
Summer Address	Home Phone		

CAMP RESERVATI	O N				
Camping Service Chicago Council, B.S.A.	Troop N				
We want to go to Camp	the Period.				
We will have boys and	Leader (s) going, too.				
Please save room at Family Camp for my wife.	YesNo				
Number of children to Family Camp					
Troop Number . Enclosed \$ our Troop Reservation fee (which I understand is not refundable).					
Scoutmaster or Leader					
Address					
Dhana					